

	<h2 style="margin: 0;">Disenrollment Assessment</h2> <h3 style="margin: 0;">Family Residential & Sober Living Children</h3>	<p>► ESM Client ID: _____</p> <p>Provider ID: _____</p>
<p>All Questions marked with a ► must be completed Boxes marked with ★ = Refer to key at end of form</p>		
<p>► Disenrollment Date: / / mm dd yyyy</p>		
<p>► Disenrollment Reason: Select one</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Parent Completed</div> <div style="width: 50%;"><input type="checkbox"/> Parent Administrative/non-compliant</div> <div style="width: 50%;"><input type="checkbox"/> Parent Left Against Counselor's Advice</div> <div style="width: 50%;"><input type="checkbox"/> Parent Inappropriate (Level of Care)</div> <div style="width: 50%;"><input type="checkbox"/> Parent Dropped Out</div> <div style="width: 50%;"><input type="checkbox"/> Parent Incarcerated</div> <div style="width: 50%;"><input type="checkbox"/> Parent Hospitalized, Medical</div> <div style="width: 50%;"><input type="checkbox"/> Parent Deceased</div> <div style="width: 50%;"><input type="checkbox"/> Parent Relapsed</div> <div style="width: 50%;"><input type="checkbox"/> Family Transferred to another SA Program</div> <div style="width: 50%;"><input type="checkbox"/> Parent Hospitalized, Mental Health</div> <div style="width: 50%;"><input type="checkbox"/> DCF/Guardian Removed</div> </div>		
<p>First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____</p>		
<p>► 1. Client Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		<p>► 2. Intake/Clinician Initials: <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>► 3. Client Type <input checked="" type="checkbox"/> Collateral</p>		
<p>► 4. Discharge Plan 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		<p>► 5a. Referred to Self Help 2 <input checked="" type="checkbox"/> No</p>
<p>► 5b. Frequency of attendance at self-help programs in the last 30 days or since admission if in treatment less than 30 days. (e.g. A, NA) 99</p>		
<p>► 6. Client referrals at disenrollment (referral #1 is required, referral #2 & 3 are optional) See manual for what determines a referral.</p> <div style="display: flex; justify-content: space-between;"> <div>Referral #1 <input type="text"/> <input type="text"/> ★</div> <div>Referral #2 <input type="text"/> <input type="text"/> ★</div> <div>Referral #3 <input type="text"/> <input type="text"/> ★</div> </div>		
<p>► 7. Employment status at Disenrollment: 9</p>		<p>► 8. Number of days worked in the past 30 days or since enrollment if in treatment less than thirty 30 days 0</p>
<p>► 9. Number of arrests in the last 30 days or since admission if in treatment less than 30 days. <i>If Unknown use 99</i></p>		
<p>Collaterals End Here</p>		

★ Q 6. Referral at Disenrollment					
Code		Code		Code	
00	Referral Not Needed – No Need for Further Clinical Treatment	20	Health Care Professional, Mental Health Care Professional, Hospital		67 Discontinued
96	Referral Not Needed – Appropriate Clinical Services Already in Place	21	Emergency Room	68	Office of the Commissioner of Probation
97	Referral Not made – Client Dropped Out	22	HIV/AIDS Program	69	Massachusetts Parole Board
98	Referral Attempted – Not Wanted by Client	23	Needle Exchange Program	70	Dept. of Youth Services
			24 through 29 Discontinued	71	Dept. of Children and Families
01	Self, Family, Non-medical Professional	30	School Personnel, School System/College	72	Dept. of Mental Health
02	BMC Central Intake/Room 5		31 through 39 Discontinued	73	Dept. of Developmental Services
03	ATS/Detox	40	Supervisor/employee Counselor	74	Dept. of Public Health
04	Transitional Support Services/TSS		41 through 49 Discontinued	75	Dept. of Transitional Assistance
05	Clinical Stabilization Services/ CSS-CMID	50	Shelter	76	Dept. of Early Education and Care
06	Residential Treatment	51	Community or Religious Organization	77	Mass. Rehab. Commission
07	Outpatient SA Counseling		52 through 58 Discontinued	78	Mass. Commission for the Blind
08	Opioid Treatment	59	Drug Court	79	Mass. Comm. For Deaf & Hard of Hearing
09	Drunk Driving Program	60	Court - Section 35	80	Other State Agency
10	Acupuncture		61-62 Discontinued	81	Division of Medical Assistance/MassHealth
11	Gambling Program	63	Court - Other		
	12 & 13 Discontinued	64	Prerelease, Legal Aid, Police	99	Unknown
14	Sober House	65	County House of Correction/Jail		
	15 & 16 Discontinued	66	Office of Community Corrections		
17	Second Offender Aftercare				
18	Family Intervention Programs				
19	Other Substance Abuse Treatment				